



**OVERCOMING RESISTANCE TO CHANGE: AN ANALYSIS TO THE
DEPARTMENT OF DEFENSE'S ANTHRAX VACCINE IMMUNIZATION
PROGRAM**

THESIS

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AFIT/GIR/ENV/04J-12

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Abstract

The goal of this research was to investigate the impact of change on organizations, in the absence of a preparedness program and to develop strategies for overcoming resistance to change, in the midst of a proposed initiative that has become stalled as a result of mistrust and cynicism. The results of this research suggests a framework of management techniques that will offer leadership approaches to resurrecting a stalled change initiative and overcoming personnel's resistance to a proposed change project, in order for the project to be more widely accepted. A series of personal interviews and focus groups, a qualitative method approach, was used to gather information, gain insight, develop possible strategies, and suggest a framework for moving forward with a proposed change initiative in the midst of resistance. Data was primarily collected from mid-level to senior leadership. In addition, an extensive literature review was conducted to gain insight about known prescriptive methods, previously suggested strategies, and other published similarities and differences in the areas Change Management, Organizational Change, Resistance to Change, Overcoming Resistance to Change, and Organizational Development. It is hoped that the Armed Forces and the Department of Defense will benefit from future development of these proposed change management strategies.

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CHAPTER I

Introduction and Literature Review

Successfully implementing change initiatives in organizations continues to challenge management. A major hurdle in implementing an organizational change seems to be in how to best foster the acceptance of the new ideas. In the process of implementing an organizational change, the initiative is said to be more widely acceptable if certain steps are taken in the beginning. These steps would include: involving personnel, sharing information with personnel, and educating personnel in the process (Armenakis, Harris, & Feild, 1999). If these crucial steps are neglected at the start, implementing new ideas often meet with resistance (Armenakis et al., 1999). Moreover, the question remains, if initial steps to encourage acceptance are ignored, how an organization can again move forward in the midst of the cynicism and resistance that may be encountered in the aftermath.

This project is designed to address this particular issue. Specifically, the completion of this project should provide insight on organizational change processes, provide an increased understanding of organizations resistance to change, and provide guidance for organizations to improve strategies that can facilitate the adoption of future change initiatives. It does so by analyzing one particular case where the appropriate strategies to

implement change were not used. Resistance was encountered, yet the change still had to be implemented. The case under study is the Anthrax Vaccine Immunization Program (AVIP).

This chapter will review literature that supports various philosophies associated with the change process. If planned change is to be successful, it must include, as an integral and critical part of the change process, the seeds of the new values, beliefs, and attitudes the organization is trying to grow. Unfortunately, change programs are often set up to fail because the change methods only perpetuate the old way of doing things. Success in planned organizational change means creating a vision of the future organization and its culture. The following sections will explore various authors' philosophies on the phenomena of organizational change and the impact of resistance to change on the organization, as a whole.

Organizational Change

Many events in organizations are given the label organizational change. These events include mergers, structural changes, top management changes, technological innovations, and cultural change. In general terms, Daft (1998) defined change as “the adoption of a new idea or behavior in an organization” (p. 291). The organizational behavior literature has taken a similar tack, defining change as “the act of varying or altering conventional ways of thinking and behavior” (Wagner & Hollenbeck, 1998, p. 345).

Improvement and modernization, however, are the essence of organizational change. With this in mind, Bennis (1976) described change as a development and educational strategy intended to alter beliefs, attitudes, values, and organization structure, all directed toward making the organization better and able to respond to changing environmental

demands. While changes can take many forms (i.e., administrative or technological), Bennis suggests that approximately eighty-five percent of changes target the interpersonal interactions of members and the processes that facilitate these interactions; the other fifteen percent relate to technical issues.

Regardless of the area targeted for change (i.e., interpersonal or technical skills), there are stages that an organization must go through, from beginning to end, in order for a change to become completely embraced. Lewin (1947) first suggested that when change is implemented successfully organizations and individuals move through three distinct stages: (a) *unfreezing*, that occurs when the environment, structure, and organizational members' attitudes are such that the employees are receptive to a forthcoming change; (b) *moving*, that occurs when the organizational members temporarily alter their attitudes and behaviors so that they conform to the expectations of the change; and, (c) *refreezing*, that occurs when the change becomes a stable part of the employees' behavior.

Based on Lewin's (1947) idea that organizations move through three stages as they change (i.e., unfreezing, moving, and refreezing), Armenakis et al. (1999) constructed a model that revolves around the stages of change and further details several underlying concepts associated with organizational change. Similar to Lewin, Armenakis et al. suggest that there are distinct stages of change—readiness, adoption, commitment, and institutionalization. Armenakis et al. (1999) defines these stages as follows: *readiness* is the act of priming the organization to embrace the change, *adoption* is the act of behaving in the new way, on a trial basis, and *commitment* and *institutionalization* come when the new way becomes part of the system.

Another change theorist, Isabella (1990) explored individual's interpretations as a change unfolds. Through key events interviews with managers, Isabella uncovered how people perceived various change events from their concerns, perceptions, reactions, observations, and thoughts. Through this exercise, she revealed a series of stages that unfolded as individuals discussed change. The stages that people in an organization tend to transition through are anticipation, confirmation, culmination, and aftermath.

It is during the anticipation phase that managers assimilate rumors and other tidbits of information into an in-progress frame of reference (Isabella, 1990). These random notions that managers put together, may in no way be a reflection of the actual outcome or have anything to do with the reality of the final picture. The construed reality of this stage is composed of both rumors and disconnected pieces of information. Such rumors are significant because they provide structure to uncertainty, especially when information is not forthcoming from official sources (Rosnow & Fine, 1976).

Following the stage of anticipation is confirmation. This is where the manager's frame of reference draws on conventional explanations and comparisons to past events (Isabella, 1990). These interpretational ideas are either deductions from individuals past experiences, logical associations, or stereotypical relationships. Interpretations at this stage provide no new or creative insights but primarily reflect understandings that worked or are believed to have worked in the past (i.e., presumptions about what will be, based upon what has been). Similarly, interpretations at this stage also contain comparisons to past similar events in which the past is used to set expectations for the future. Isabella (1990) calls the primary interpretive task of this state "standardization."

Next, is the culmination phase, this is where people compare conditions before and after an event and look for symbolic meaning (Isabella, 1990). Interpretations no longer represent standard or presumed views but reconstructed views, frames of reference that are being amended as the event occurs to include new information or omit information no longer of value. At this point people discover that the old way, or conventional way of doing things is no longer working, hence they are coming to the realization that new ways of reacting are necessary. Therefore, the interpretive task of this stage is reconstruction. Managers are actively reconstructing their environment, deciding what to retain and what to alter. At this stage it is very possible for there to be a disparity of ideas about what is considered reality and various divergent interpretations as individuals attempt to make sense of the changes experienced.

The final interpretive stage is aftermath; this is where managers review the consequences of the event (Isabella, 1990). It is at this point that they test and experiment with a construed reality; now there comes a growing, concrete realization of the permanent changes created and of the consequences those changes and the events itself have had for the organization and its members. The predominant frame of reference becomes evaluative. A prominent part of the construed reality at this stage is identification of winners and losers. Collective interpretations precisely identified groups and individuals who benefited from some aspect of the event and those who did not fare as well. The construed reality during aftermath also consists of conclusions drawn as to the positive and negative consequences of some aspects of an event and to the resultant strengths and weaknesses. Managers are able to convey clear ideas of both the pros and cons associated with the change. Thus, the final interpretive task is evaluation.

Assessing an event in terms of its consequences, thus putting it and accompanying changes in perspective, appears to create a sense of closure to the experience. Thus, assessments made may also become the standardized view managers will carry over the next similar event they experience (Isabella, 1990).

Another study conducted by George and Jones (2001) explored how individual emotions impacted the change process. George and Jones introduced another model that proposes that when individual's schemas are challenged this phenomenon creates a natural resistance to change. They posit that these uncomfortable cognitions may occur at various stages throughout the change process. The authors suggest that in the first stages of the change process affect or emotion plays a significant role. That is, emotions are not a by-product of, or influence on, the change process but the initial trigger for change. George and Jones' model complements existing models of change by focusing on cognitive processes (e.g., Isabella, 1990) with the explicit consideration of the highly interdependent nature of affect and cognition. The change model that George and Jones introduce is cyclical in nature, but, for exposition purposes, it is useful to start at step 1 and proceed through step 7 where an individual encounters some noticeable discrepancy or inconsistency with his or her pre-existing schemas. If this discrepancy triggers an emotional reaction, the change process is set in motion. At each stage in the process, including the stage in which the emotional reaction occurs, there are potential sources of resistance to change. Resistance to change can stem both from the individual as well as from the social and organizational context.

George and Jones offer a seven step approach to their explanation of the change process. Step one is similar to that of Armenakis, et al. (1999), where leadership is

confronted with a *discrepancy* or flaw in the current state of the organization. The difference, however, is that George and Jones suggest that a discrepancy is experienced in an emotional manner; hence, this discrepancy is related to either individual or group schemas where a *schema* is an individual's or groups learned perception or emotions. That is, a pre-existing notion of the way an event should unfold. Hence, resistance can occur as a result of the rationalization of discrepancies (George & Jones, 2001).

Step two involves of the actual emotional reaction to having been confronted with a discrepancy. In this step the authors posit that emotions arise when discrepancies are encountered that are relevant to one's personal well-being or goals and objectives (George & Jones, 2001). The emotional reaction to a discrepancy is the key signal to an individual that there is a condition in need of their immediate attention (George & Jones, 2001). The authors further suggest that even in the presence of an emotional trigger to react to a discrepancy, the change process may still be halted (George & Jones, 2001). Such a situation can be likened to learned helplessness. For example, a lower level manager may feel emotionally compelled to react to a noted discrepancy; however, he or she may feel that they are in no position to institute a change. Thus, a source of resistance at this step can arise as result of learned helplessness because of individual factors, but also because of conditions at the group level of analysis (George & Jones, 2001). Note that while learned helplessness is ordinarily the result of a negative discrepancy, one can also think of instances where positive discrepancies and emotions also result in little or no redirection of activity or change (George & Jones, 2001).

Step three notes another occurrence that may cause resistance in the change process. At this step the individual tries to identify the cause of the discrepancy and its resulting

emotional reaction. It is at this step that individuals try to identify and make sense of the pressing issue underlying the discrepancy, in an effort to put a positive spin on the identification process and lessen the negative spin—to the extent this is possible (George & Jones, 2001). Leadership must try to minimize the emotional reactions of employees to the situation, so that a fair assessment can be made that will yield the best possible outcome. It is at this step that leadership must avoid emotional impulses and maintain focus toward interpretation of the discrepancy, in order to minimize potential negative fallout (George & Jones, 2001).

At step four, the emotion has subsided into a less intense mood and substantive information processing takes place to interpret the concerns, problems, or opportunity identified in Step Three. At this stage, given the fact that the original discrepancy is at odds with pre-existing schemas, rather than processing information based on schemas, information processing proceeds in a more data-driven manner (George & Jones, 2001). The kind of information processing that occurs at Step Four has been referred to as substantive information processing which is characterized by the need to selectively attend to, learn, and judge new information under conditions of complexity and novelty with the desire to be accurate (Forgan, 1995). Given the perceived personal relevance and importance of the discrepancy, there is likely to be strong motivation to be accurate in information processing (George & Jones, 2001). Resistance to change at Step Four occurs when other pressing concerns or issues take precedence over consideration of the source of the original discrepancy (George & Jones, 2001). From the perspective of a positive discrepancy, resistance could be encountered when leaders tell members that things are better than one expected. That is, if it appears that the situation has improved

slightly and no further action is deemed necessary, it becomes easy to sit back and allow things to continue at the status quo (George & Jones, 2001).

In order for the change process to proceed, the result of substantive information processing at Step Four must lead to some challenge to the pre-existing schemas or expectations (George & Jones, 2001). At Step Five, schemas can either lead to a continuation of the change process or bring change to a halt. George and Jones (2001) propose that the extensiveness of the challenge (and not necessarily its severity) is a key determining factor of whether the change process continues past this step or is brought to a halt. *Extensiveness* is defined as the extent to which the challenge to pre-existing schemas is widespread or encompasses multiple aspects of the schema or is more narrowly focused on particular aspects of the schema (George & Jones, 2001). A key feature of significant challenges to existing schemas is that they are widespread or relevant to multiple aspects of the schema and, thus, cannot be easily dismissed as isolated exceptions (George & Jones, 2001).

If organizational members are not able to dismiss a challenge as an exception at Step Five, George and Jones (2001) propose that they engage in detailed substantive information processing to reconcile the challenge with their pre-existing schemas. At Step Six organizational members are engaged in the process of altering their expectations and views of the world or reframing (Bartunek, 1988). Resistance to change at Step Six can come from organizational members viewing the challenge to their schemas as being beyond their ability to address (Miller, 1993). They may continue to view their schemas as being accurate or reasonable views of the world as long as uncontrollable events do not take place (George & Jones, 2001). The wider organizational context may lead

members of an organization to view challenges to pre-existing schemas as being beyond their control (George & Jones, 2001).

At the final step in the change process, there is actual change in the organizational members' schemas (George & Jones, 2001). These changes in schemas occur at Step Seven. Importantly, these changed schemas are likely not only to contain organized knowledge that results from information processing during Step Six but also to include the affect associated with the change process. More specifically, schema-triggered affect theory suggests that as schemas develop, the affect experienced at the time the schema develops is often associated with the schema and stored in memory with it (Fiske, 1982; Fiske & Taylor, 1991). Hence, when a particular change cycle is complete, not only are organizational members' schemas altered but so too are the affective associations linked to these schemas (George & Jones, 2001). At a collective level, George (1990, 1996) has proposed that groups may come to possess group affective tones or consistent and homogeneous affective reactions with the group. To the extent that groups have affective tones and shared mental models, at the group level of analysis, affect experienced by group members during the change process may be linked to their shared mental models and influence subsequent information processing (George, 1996).

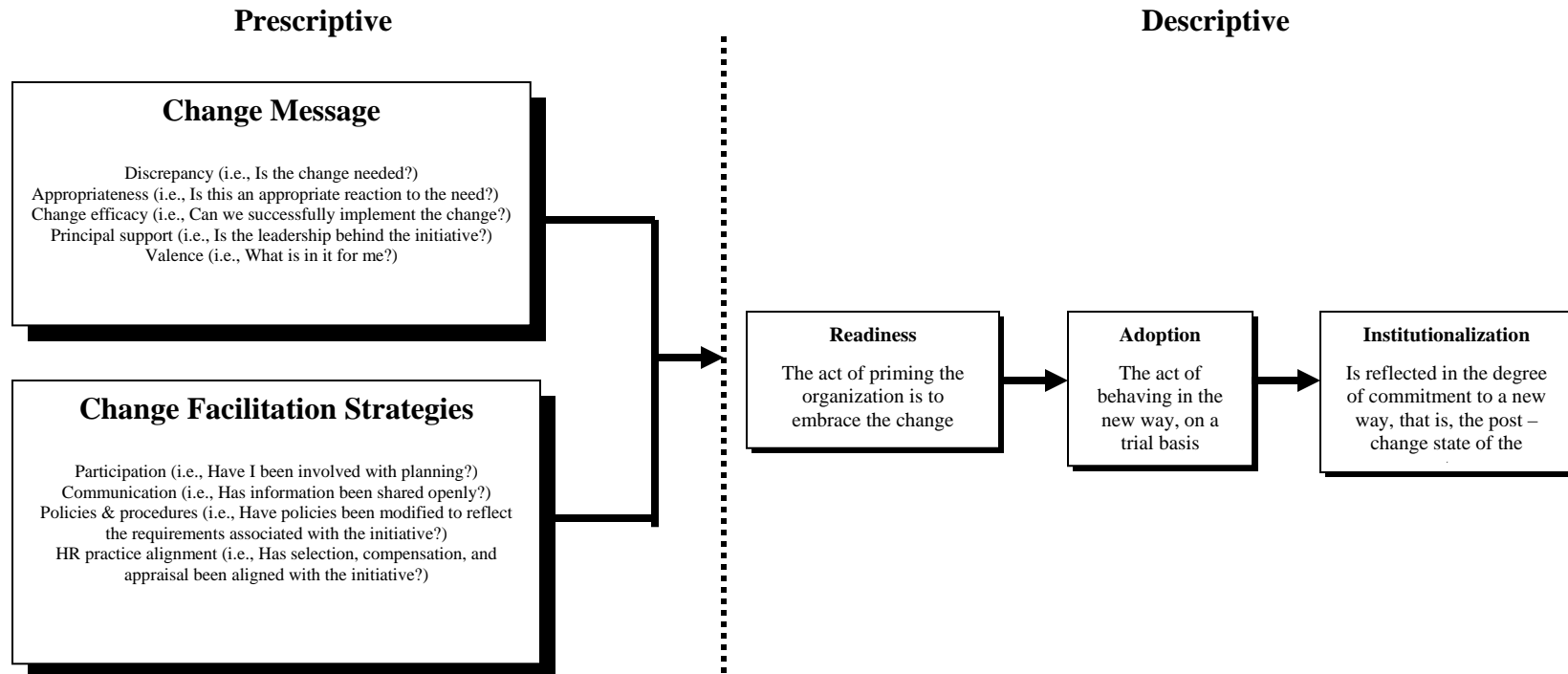
After reviewing the literature published by George and Jones (2001) and Isabella (1990), the stages or steps of the change process they identify parallel those that are suggested by Lewin (1947) and Armenakis et al. (1999). Moreover, all of these authors highlight several actions that can contribute to an organization's movement through these stages such as the organizational members' understanding of the change and the leaderships' actions. Organizational members, for instance, must understand the need for

change and the role that each of them will play if the organization is to be successful in adopting change. Armenakis et al. go on to suggest it is the organizations leadership who is responsible for communicating this information to its members, highlighting the techniques that can be used to do this.

Facilitating Change

Suggestions on how to facilitate change appear to be based on ad hoc theories and common sense regarding what it takes to overcome attachment to the status quo. Figure 1 is an attempt to concisely summarize these recommendations. Essentially, leaders are encouraged to use very specific strategies to deliver specific messages so that the members will move through the stages of change that have been identified. Armenakis et al. (1999), for instance, suggested seven influence strategies that can be used by leaders to implement change and cited where these strategies have been applied in practice. The strategies include persuasive communication, participation by those affected, alignment of human resource management practices, symbolic actions, diffusion programs, management of internal and external communications, and formalization practices. Thus, if fear of the unknown and uncertainty about future benefits are obstacles to change, increased communication is posited as a facilitator of change (Gagne, Koestner & Zuckerman, 2000). Presumably, leadership will communicate information that ameliorates the feelings of fear and uncertainty, making adoption likely. The top management of the organization must believe that the status quo is untenable and that change is essential. Without the commitment of at least 75% of the leadership, the change program is likely to fail (Kotter, 1995).

Figure 1: Integration of the Prescriptive & Descriptive Process Model of Change



It is through the use of specific facilitation strategies that leaders should deliver an appropriate change message, in order for the organization to move forward through each of the change stages, so that the change will be embraced.

With this in mind, others have attempted to specify the message that should be delivered using these strategies. Armenakis and his colleagues (1993; 1999) suggested that leaders should send messages that stress the need for the proposed change (discrepancy) and highlight the organizational members' ability to make the change (efficacy). Further, they recommended that leaders also stress the appropriateness of the change, support for the change, and value of the change (valence). The literature that has explored the message and the strategies to deliver that message are discussed in the subsequent section.

Change message. As suggested, the ability of leadership to deliver an effective change message is crucial to the acceptance of the organizational change. It is imperative that leadership delivers a message that the organizational members will buy-in to, as an idea that will benefit them. Mealiea (1978) suggests that the primary reason people resist change is their fear of the unknown, mistrust, anxiety about future benefits, and the desire to preserve the status quo. Hence, one of the crucial aspects of successful organizational transformation is the adoption and support of change by its constituents. An effective change message is said to be a major contributing factor in how organizational members will either find personal value in a proposed change or whether they will resist. In conveying the message the change agent must clearly state five key ideas which include: discrepancy, appropriateness, efficacy, principle support, and valence.

The need for change is one of the most common messages that is recommended. Kotter (1995) has stressed that successful major changes need a powerful guiding coalition. Kotter (1995) explicitly stated that leaders must communicate the need for change by establishing a sense of urgency among the

organizational members. To do this, he suggested that leaders must send a message that highlights the challenges that the organization faces, the potential for crises, and opportunities the organization has. Simultaneously, a vision can be created and members must understand the end-result that should come from the change. Armenakis et al. (1999) term this idea *discrepancy*, stating leaders must illustrate (a) a specific need for the change, (b) how the current state and the desired state are in conflict, and (c) why change is crucial to the continued growth of the organization.

Next, the change message must reveal the appropriateness of the specific effort change. That is, leaders must communicate how the change will address the discrepancy or need that was noted. Hence, if leadership presents a need for change, support for the alternative chosen, leaders should begin to build confidence (efficacy) regarding the individual and group's ability to successfully implement the change. Leadership must answer the question, "Can this change be effectively implemented?" (Armenakis, et al., 1999) After leaders have established efficacy regarding the change, the next step is clarifying the intrinsic and extrinsic benefits of the change. This is a way to show organizational members how the change will have a positive impact for everyone involved in the change (Armenakis, et al., 1999). Finally, feedback from a top down approach must be provided that supports the change and convinces organizational members that the formal and informal leaders are committed to successful implementation and institutionalization of the change (Armenakis, et al., 1999).

Can the change be successfully implemented in the absence of enormous resistance, while enlisting the full support from its organizational members? Provided these questions are answered affirmatively, the next question posited is whether leadership

itself is in complete support of said change. Hence, it the sole responsibility of the organizations leadership to exhibit complete support and demonstrate absolute compliance with the proposed change. Finally, after comprising the change message of each of these element; leadership must provide evidence of valence for its members by answering a most important question of what's in it for them.

Change message delivery. Kirkpatrick (1985) suggested three specific strategies that can be used to deliver the message and facilitate organizational members' acceptance of change. These are participation, communication, and empathy. The use of these strategies is theoretically grounded in self-determination theory (Deci & Ryan, 1985, 1987, 1991) that suggests that context that supports autonomy fosters internalization of the value of performing a task, or in the case of members of the armed forces, carrying out an order (Ryan, 1991). Autonomy is supported when the task appears important, feelings toward the task are acknowledged, and a choice in how to perform the task is provided.

Lack of participation is a major cause of disappointing results with organizational renewal (McNabb & Sepic, 1995). Hence, when people are invited to participate and when their ideas are taken seriously, their commitment to the change process will increase (Armenakis & Bedeian, 1999; Strauss, 1998). In their research about cynicism of organizational change, Reichers et al. (1997) indicated employees must believe that their opinions have been heard and given careful respect and consideration. More substantive forms of participation in the change process (i.e. shared decision-making) tend to be associated with higher commitment. Scholars have pointed out that employees who believe they have the opportunity to participate more willingly embrace change.

Several researchers have empirically tested this, finding that participation not only leads to positive feelings toward the change but positive views of organizational and job satisfaction (Judge, et al., 1999; Schweiger & DeNisi, 1991; Wanberg, 2000). Since theory has underscored the importance of participation in organizational renewal (e.g. Armenakis et al., 1993; McNabb & Sepic, 1995), it is expected that participation at work at a general level to be related to commitment to change.

Participation is also closely related to the second strategy, communication, because it provides opportunities for members to receive more information. Without proper information, it is difficult for organizational members to be involved in the change effort. Kotter (1995) has stressed the importance of credible and timely information to capture the hearts and minds of employees. Change agents attempt to prevent their employees from getting information through the grapevine. Lack of information and rumors make it easier for the organization's membership to conclude that the change effort is failing (Reichers et al., 1997) and decreases the commitment of employees to the change process.

As suggested, communication is a critical change facilitation strategy. It must be frequent and regular using a wide range of means and face-to-face as often as possible. During organizational change efforts, it is typical for management to explain the proposed changes to employees and provide assurances regarding possible negative consequences of the change. Such actions are taken to help ensure employee support for the change or to prevent resistance to change (Armenakis, Harris, & Mossholder, 1993). If explanations and promises made by management are found to be untrue over time,

some employees may become cynical about the organization, the leaders of change, and the organizational change effort.

In major changes, the head of the organization is key in this communication process (Kotter, 1995). Organizational members will not take change efforts serious, if top management does not actively support the change process. The development of a sense of urgency and a vision that is relatively easy to communicate and appeals to employees is an important element in this process. Organizational change is also less successful when top management fails to keep employees informed about the process of change (Kreitner & Kinicki, 2000). If employees get the feeling that those in power lose interest in the on going process, their belief in the transformation efforts will fade out.

Trust is a central in the development of a change-friendly climate. Conger (1998) found that managers who are considered to be trustworthy and fair establish credibility. This credibility is a prerequisite to introduce organizational changes. The extent to which the top management's decision process is judged to be fair can be defined as procedural justice (Kim & Mauborgne, 1993). This concept refers to the two-way communication, the consistency of decisions across subsidiary units, the transparency of the decisions and the possibility to challenge top management views.

Finally, aligning policies, procedures, and organizational practices with the requirements of the change are an important facilitation strategy. Aligning the reward structure with change requirements is one of the first steps that should be done to bolster change adoption. The focus of rewards determines the climate for sustainable change (Schneider, Brief & Guzzo, 1996). Organizations where risk taking is rewarded stimulate

organizational learning and innovation (Senge, 1990). Their culture differs from bureaucracies where procedure compliance is dominant and where mistakes are punished. Burke & Litwin (1992) have provided a model of organizational performance and change. They proposed that the organization's reward system is perhaps the most important subsystem of the organization's policy and procedures. People do what they are rewarded for doing. Therefore pay-for-performance reward systems influence behavior in the workplace.

In sum, all of the facilitation strategies are designed to foster commitment to the change. This idea is theoretically grounded in Gagne et al.'s (2000) idea of self-determination theory. Self-determination theory "views human beings as proactive organisms whose natural or intrinsic functions can be either facilitated or impeded by the social context" (Deci, Eghrari, Patrick, & Leone, 1994). That is, humans have a need for autonomy. These findings imply that when people are coerced into doing something without a clear rationale, they generally become less interested in the task and will perform it only as long there is some form of surveillance. On the other hand, when people are provided with reasons and choices for doing a task, they generally become more interested in it and are more likely to continue engaging it, even after external demands are removed (Koestner, Ryan, Bermieri, & Holt, 1984). Thus, offering some choices about how to implement the changes by permitting participation in decision making can engage organizational members in the change process.

Stalled Change

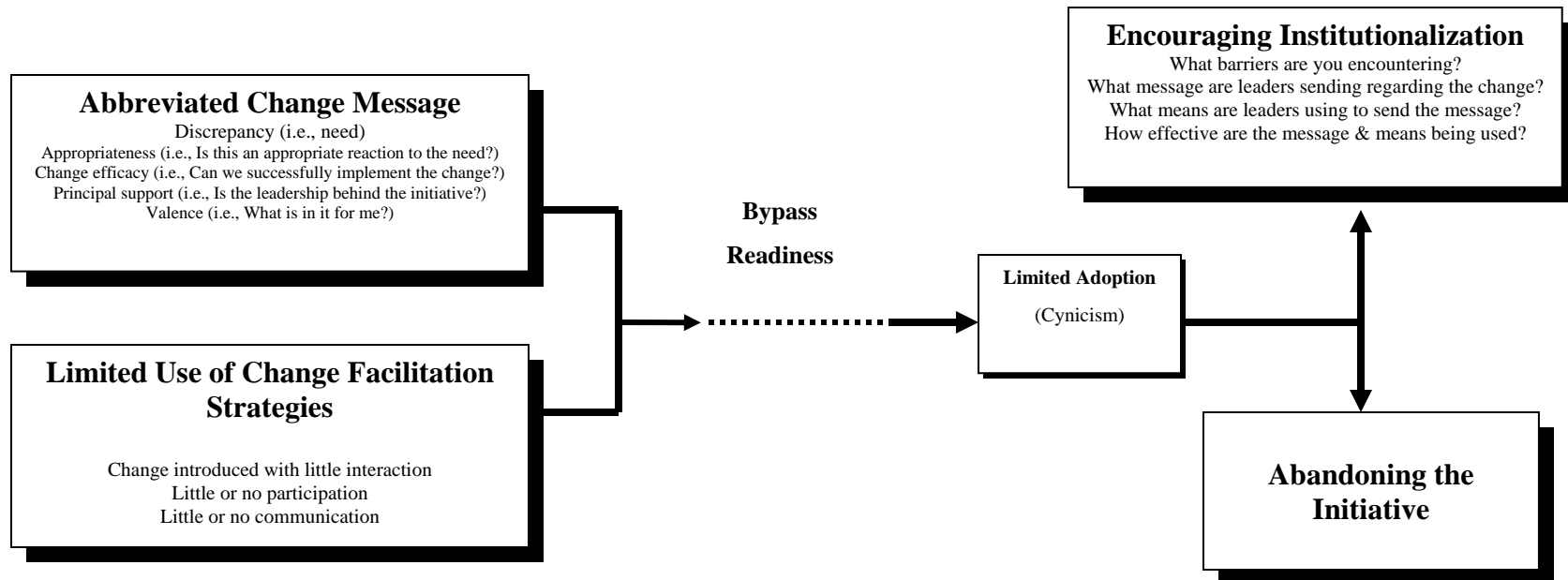
Clearly, the literature has suggested the strategies that leaders can use at the on-set of a change to create readiness. Several methods that should be used to bolster support

include communication, participation, and human resource management practices. Moreover, the literature has specified the messages that should be sent when these strategies are used. That is, leaders must state the need for the change, the appropriateness of the change, the valence of the change, and the efficacy of the change.

Unfortunately, organizational leaders are often short on time and fail to properly create readiness. Thus, leaders fail to use the facilitation strategies to deliver change messages and the organization does not move quickly through the stages of change. Instead, leaders tend to send a limited message using only a few of the facilitation strategies (see Figure 2). In these situations, employees would be expected to be reluctant to adopt the new initiative. This reluctance (or overt resistance in some instances) might force leaders to abandon the effort replacing it with a new initiative.

If the initiative is introduced with limited use of the change strategies and abandoned when reluctance is encountered, a cycle of cynicism is likely to begin where the organization's history with change influences the members' reactions to new efforts (Schneider, Brief & Guzzo, 1996). Wanous, Reichers, and Austin (2000) defined cynicism about organizational change as "a pessimistic viewpoint about change efforts being successful" (p. 133). Wanous et al. conceptualized cynicism as consisting of two dimensions: a pessimistic outlook on the likely success of change and dispositional attributions about those responsible for effecting successful change.

Figure 2: Actual change process where facilitation strategies are limited and resistance is confronted.



Of the two dimensions, the “pessimism” was deemed particularly salient for the present research purposes because it taps employees’ generalized attitudes to change.

In some cases, however, the change cannot be abandoned and the cycle of cynicism that may be present must be overcome. These are cases of stalled change. For the purposes of this paper, a *stalled change* is defined as a pause in the process of instituting a change when the appropriate steps to facilitate change have been overlooked.

Furthermore, as a result of not having followed the proper steps throughout the change process, organizational leaders are now faced with resistance or cynicism. At this point, organizational leaders find themselves at a crossroads. Leaders are faced with the dilemma of “how” or “if” to proceed with a proposed change which has now paused or become stalled. This point is more perplexing because the need for institutionalization still exists.

At first, one might turn to the strategies and messages that have already been suggested to overcome the cynicism that has been encountered. Indeed, Reichers, Wanous, and Austin (1997) suggested a number of ways to minimize and manage cynicism about organizational change. They suggested keeping people involved in decisions that affect them (i.e., participation), rewarding supervisors who foster two-way communication and good working relations, keeping people informed of ongoing changes (i.e., communication), managing the timeliness and surprise content of change information, enhancing communicator credibility, dealing with the past, publicizing successful changes, understanding change from the employees perspective, and providing opportunities for employees to express their feelings and to have these feelings validated.

While few of these recommendations have been tested, a few case studies have described instances of stalled change and the methods used to overcome the organizational members' reluctance to adopt the initiative. Jaffe, Scott and Tobe (1994) described a change effort in a hospital that needed to cut costs and reduce the number of employees if it was going to remain open. As the leaders made changes to cut costs and employees, they restructured the organization as well. To no surprise, the change was met with bitter resistance and stalled. To overcome the resistance, leaders renewed their commitment, established a vision for the future, opened channels of communication, encouraged participation with the creation of personal empowerment action plans, and finally, organized training programs for staff members to learn skills needed to operate in the leaner environment.

Similarly, Kim and Mauborgne (2003) described a stalled change initiative and the impact of organizational member's resistance within one company. In the case they described a firm went to a team-based appraisal and pay system in an effort to bolster production. With little preparation, the change was made and employees reacted negatively. Rather than abandon the effort, leadership asked for help and used several strategies to overcome the stall that was experienced. In this case, Kim and Mauborgne found that the employees felt that the process used to make the decisions to change was *unfair*. The need for fairness and its profound influences on attitudes and behaviors has been substantiated in several places. Stanislaw and Stanislaw (1983), for instance, suggest that when considering the people to be affected by change, it is useful to distinguish between the individual who has authority to make decisions and those that do not, making sure the latter group is treated fairly by the former. In the case described by Kim

and Mauborgne (2003), where management did not follow the proper change steps in their institutionalization process and the need for the change still existed, leadership addressed this issue by going back to their organizational members, admitting a mistake, and regaining their trust by enlisting their members participation.

Although there has been a tremendous amount of research regarding organizational change and resistance to such change, there is still an enormous amount of research to be done. One particular topic that requires more attention is the area of stalled change. That is, research with a concentration on the development of strategies that will help leaders correct their implementation mistakes is needed. This research effort is designed to further explore this issue through the study of another case of stalled change. The subsequent section describes the case.

Stalled Change Case

As noted, this study explores one particular case of stalled change—the Anthrax Vaccine immunization program (AVIP)—that was initiated throughout the Department of Defense (DoD). Because the initiative met some resistance but implementation persisted, the background of this case warrants some discussion. The AVIP was initiated in 1998 in collaboration between the State Department and DoD. Most simply stated, the program required all service members to be vaccinated against the biological agent anthrax.

Anthrax is a disease caused by the *bacillus anthracis* bacteria (Brachman & Kaufmann, 1998). The disease can take three forms: cutaneous anthrax, intestinal anthrax, and inhalation (or pulmonary) anthrax (Koch, 1937). The symptoms and incubation period of human anthrax vary depending on the route of transmission. In general, symptoms usually begin within seven days of exposure (Brachman & Kaufmann, 1998). Cutaneous

anthrax infection occurs when bacteria enters a cut on the skin. It may appear as an insect or mosquito bite (i.e., a pimple or bump resembling an insect bite), but rapidly becomes an ulcerated, dark, and open sore, along with swelled lymph glands. Gastrointestinal infection by anthrax occurs when the bacteria ingested (swallowed) by eating meat which has been contaminated. The incubation period for intestinal anthrax is suspected to be one to seven days. Intestinal anthrax is characterized by acute inflammation of the lower intestines. Symptoms include nausea, loss of appetite, vomiting, and fever followed by abdominal pain, vomiting of blood, and blood diarrhea (Brachman, et. al, 1960). Anthrax infection by inhalation is contracted when the bacteria is breathed in and enters the lungs. Breathing in the bacteria does not necessarily mean a person will become infected. In order for the disease to develop, the spores must grow. It takes a warm environment for this to happen. This process may take several days, maybe weeks. Once the spores move to the lymph nodes they release a toxin which becomes life threatening. Of the three transmission methods inhalation, also known as pulmonary anthrax, is the most lethal. Although the incubation period for inhalation anthrax for humans is unclear, reported incubation periods range from 1 to 43 days, in different species (Brachman, et. al, 1960). Studies indicate that the incubation period for the inhalation of anthrax is accelerated in humans, suggesting that the disease is able to overtake the human respiratory system more quickly than in animals, causing death within 1-2 days after inhalation (Brachman, et. al, 1960).

Although, the infection is most commonly known to occur in animal livestock, such as cows and horses, it is becoming more apparent that humans could now to be prime targets of deliberate infection. Anthrax has been named a weapon of choice for biological

warfare and at least ten potential adversaries have worked to develop the capability to use anthrax against enemy forces (CDCP, 2000). Given this information, Department of Defense (DoD) leadership regards the use of anthrax by an enemy as the single greatest biological threat to U. S. military forces. The 2000 Quadrennial Defense Review reports that Iran and Iraq demonstrated the ability to use chemical warfare as a defense mechanism during past conflicts. Hence, the DoD tasked all armed forces commanders with the responsibility of ensuring a regimen for an effective countermeasure be instituted to protect service members against potential anthrax attack. Ongoing activities at DoD, Center for Disease Control (CDC), and Food and Drug Administration (FDA) are targeted toward improving methods to communicate the benefits and risks for vaccination, enhancing surveillance for vaccine adverse events, and continuing to monitor the safety of the program. These interventions may be useful to enhance the AVIP. In response to this serious biological threat, the anthrax immunization program was instituted (CDCP, 2000).

The United States government's original initiative of launching the AVIP dates back to December 1997 (CDC, 2000). The immunization regimen consisted of six vaccinations over an eighteen-month period followed by an annual booster (CDCP, 2000). While the leadership felt that the initiative was in the best interest of all service members, the government's mandated approach was met with a tremendous amount of resistance (GAO, September 2002).

In March 1998, the vaccination program was accelerated for troops assigned or deploying to Southwest Asia. In May 1998, Secretary of Defense William S. Cohen approved implementation of the AVIP for all active duty personnel and selected

reservists beginning with those assigned, deployed or scheduled to deploy to high threat areas (CDCP, 2000). Upon hearing the news of this mandatory immunization many service members decided to separate from the military. According to a September 2002 report published by the General Accounting Office (GAO), between September 1998 and September 2000, about 16 percent of the pilots and aircrew members of the guard and reserve had transferred to a another unit to avoid receiving the shots, moved to inactive status, or left the military.

Because receiving these vaccinations was not optional for service members (many of whom feared the vaccination), the program's mandated introduction prompted a series of disruptive behaviors in some units. Many service members refusal to receive the vaccination resulted in punitive action (Steinkopff, 2004). It appears that in taking this mandated approach, without first preparing service members, the level of cooperation was greatly impacted.

At the time of the original AVIP initiative, the only company with FDA approval for the manufacturing of a vaccine was BioPort Corporation, formally known as the Michigan Biological Products Institute (MBPI) (CDCP, 2002). As such, BioPort Corp. was the sole contractor hired by the government to develop, test, manufacture, and sell the anthrax vaccine to the U.S. government. Over the next several years, BioPort encountered a number of problems meeting FDA and government requirements. Primarily, BioPort suffered from continued financial difficulty and was unable to make necessary laboratory renovation mandated to maintain FDA licensure. As a result, BioPort lost FDA approval, failed to meet the prescribed manufacturing standards, and were unable to meet the government's demand for the products. As a consequence, the

original AVIP was halted in September of 2000 (GAO, 14 April 00) because of the shortage of anthrax vaccine.

In light of recent terrorists events, like the September 11, 2001 World Trade Center bombing and the October 2001 death of five United States postal workers who were infected by biological spore anthrax, came a resurgence of concern and an increased sense of urgency of a more serious attack by anthrax (GAO, September 2002). Thus came the need to develop an “improved” anthrax countermeasure to guard against a terrorist attack involving biological agents has been at the forefront. In April 2002, the U.S. government announced a request for proposal (RFP) explaining the urgent need to devise appropriate and effective measures to protect the general population from the harmful effects of anthrax. The RFP solicited potential candidates that would be qualified to enter into a contract with the Department of Defense (DOD) for the development, testing, and manufacturing of an improved version of the original anthrax vaccination.

On October 3, 2002 the U. S. government announced that two contracts had been awarded: one to Avecia Inc. of Manchester, United Kingdom, the other to VaxGen, Inc. of Brisbane, California (Gamboa, 17 April 2003). The two contracts totaled \$22.5 million through fiscal year 2003. As stated previously, the original licensed anthrax vaccine, administered almost exclusively to military personnel, was given in six doses over 18 months. In contrast, the new vaccine which will provide immunity to inhalation anthrax and is administered in three or fewer doses is expected to reduce the administration time. It is hoped that a quicker administration time and other technological improvements would allow the vaccine to protect individuals from anthrax spores even if the vaccine

was given shortly after exposure. These contractual awards represent the first step toward the government's goal of securing an initial 25 million doses of an improved anthrax vaccine for an emergency stockpile. So, the question remains, how might the DoD improve their approach for the re-introduction of the AVIP, in order for the change to be embraced?

Summary

The previous sections briefly examined the history of organizational change, several organizational change process concepts, and described a specific stalled change initiative that will be studied in the preceding chapters. Hence, the upcoming sections provide the details of the study's method and attempt to provide a framework that can be used to rejuvenate an organizational change at the point where resistance is experienced and the change becomes stalled.

CHAPTER II

Method

This research effort involved a traditional case study methodology in developing and analyzing the AVIP program. In particular, the case details how military members viewed the implementation of AVIP—a program that was initiated in the absence of steps to create readiness among members. Change management, a notion of central importance to this thesis, is a subjective and elusive concept that does not lend itself easily to a quantitative study. Because the perspectives on the best method for approaching an organizational change initiative are highly subjective qualitative research methods are used (Kezar & Eckel, 2002).

More specifically, data were collected using two methods from purposefully selected samples. First, a group of Air Force members that had first-hand knowledge of the AVIP participated. Each practitioner was asked to describe his or her experience with a specific change incident, the AVIP. These descriptions were gathered through a series of semi-structured interviews. Second, a series of focus groups were used to understand a larger group's experiences with the change along with their perceptions of the information that leaders communicated about the change.

Phase 1: Interviews

Sample

A series of detailed interviews were conducted with key informants who had first hand experience with the introduction of the anthrax immunization program. The sample was gathered from a population that varies in age. These individuals represented those who were either currently on active duty, reserve duty, retired, or have since separated from

the service. Initial contacts were made over email with individuals located in different states and in person and via telephone when the individuals were in the local area.

Participants were recruited through a collaborative effort between the researcher and other individuals possessing a personal interest in the results of this research. That is, participants were chosen initially through an informal network of personal contacts that were developed through research of the topic. Also, others were invited to participate based on the recommendations from individuals who had already been selected to join the study.

In general, this effort targeted those armed forces members who were mandated to receive the vaccination. Attempts were made to include those individuals that had been involved in the day-to-day operations of organizations where the change was initially introduced and were very familiar with the initiative, how it was viewed, and the consequences that followed. Of this group, those, who as a result of the mandated initiative, separated from the service and those, who after receiving the vaccination, believed they suffered adversely from having taken the vaccination were of particular interest.

To identify a pool of candidates, periodicals, magazines, and published materials, from September 2000 to September 2002 were reviewed (i.e., the time period when the change stalled). Articles were collected through internet searches and archived publications from various library resource centers. Through this method, published names of individuals associated with the anthrax initiative were contacted via letter to request their participation in this study. Some of the avenues that were explored for potential participants were the use of archival articles and reports found in *Air Force Times*, *Navy*

Times, *Marine Corps Times*, *Army Times*, *The Daily News*, *Leatherneck Magazine*, and *The Gazette*. Additionally, database searches using key words such as “anthrax illnesses”, “anthrax reports”, “anthrax experiences”, were conducted through First Search, EBSCO, and Defense Technical Information Center (DTIC), to uncover names of potential candidates for this study.

Interview Structure

The list of one-on-one interview questions is presented in Table 1. The script used for the interviews can be found in Appendix A. Interviews were conducted in person when possible, with the remainder being conducted by telephone. In all cases, the in-person method was preferable because this method helps to establish an open dialogue with the participants (Rubin & Rubin, 1995). As noted, an e-mail message was used to set up initial contacts with prospective participants.

The interviews were structured to last about an hour. Approximately 15 individuals were interviewed. Audio recordings were made with the permission of the interviewees. In general, the open-ended questions were intended to elicit responses that may have been useful in collecting information that could be used to identify the conditions that could foster a climate for a positive response to change, rather than resistance. Also, the questions were designed to gather information to illustrate the importance of education as a key factor in introducing a change initiative successfully, what necessary steps to take in order for the change to be widely accepted, and important intervention measures to accelerate successful adoption. More specifically, the opening questions of the interview served to introduce the topic and to determine the background of each respondent. Participants were asked to describe their current line of work, how they first heard about

the immunization program, and the specific details of their personal involvement in the program.

Table 1: Research Areas and Interview Items

| <i>Areas of Interest</i> | <i>Proposed Topic Question</i> | <i>Source</i> | <i>Questions Specific to Research Topic</i> |
|---|---|--|---|
| What barriers were encountered as a result of the change? | Is all well and good with local and or regional/global ecosystems? What are the threats? | | How would you best describe your feelings and thoughts, after being informed of the mandatory vaccination program? |
| What message are leaders sending regarding the change? | Do you feel that you completely understand the reason that brought about the changes? Do you feel that this organization provides you with the necessary information to understand the reasons behind the changes? | Gagne, Koestner, Zuckerman (2000) | Do you feel that you completely understood the reason for the implementation of the vaccination program? |
| What means are leaders using to send the message? | What process was used to implement the change (particular system being used)? Was the change voluntary or mandatory? | Baker (1991) | How was the change communicated to you? What about the vaccination program affected your decision to stay in the military? |
| How effective are the message and means being used? | Do you feel that administrators participate actively in the change effort of the agency? Do you feel that management is committed to improving the way your agency goes about its work? | Willey (1991) Willey (1991) | How do you feel that leadership helped foster an atmosphere to facilitate change and innovation within your organization? What considerations do you feel leadership given to suggest this change would improve the unit mission and readiness? |
| How do you feel about the change? | Do you feel that you personally have control over the implementation changes? Do you feel that you personally have influence in the way the changes are implemented? Do you feel that administrators try to find the money and resources for needed program changes? What about educating personnel on the change process? Do you feel that administration has confidence in your abilities? What was perceived about the change over time? | Gagne et al. (2000) Gagne et al. (2000) Willey (1991) Willey (1991) Baker (1991) | How much personal control over the change did you have? What feedback did you give to the leadership concerning the program? How did leadership allocate funds, within you unit, toward educating service members of proposed change initiatives, before they are implemented? How do you feel about the confidence level leadership has in your abilities and how often are your feelings taken into account when making decisions? How do you feel the change was received? |

The participant's biographical information was derived from the interview process. Each participant was asked to describe their point of view and how they felt about the anthrax initiative, and how they believe its introduction impacted their organization from their personal experience. Participants were then asked if they felt that the change affected their decision to remain on active duty or to separate from the service.

Transcription

As noted, the interviews were taped and transcribed. These tapes were reviewed for accuracy and drafts were forwarded to the participants for their review and clarification. This also served as an attempt to draw respondents somewhat closer into the interview process, ensuring they felt completely involved in the interview process and none of their thoughts were misrepresented.

Data Analysis

The analysis process began with examining the data which were recorded and extracting basic themes (Rubin & Rubin, 1995). The data were analyzed by grouping question responses into categories. The goal was to find common themes that emerged from the answers to the interview questions. Transcripts were searched for ideas or concepts which shared similar words and phrases, which showed a relationship (Rubin & Rubin, 1995). Next, the process of coding or grouping interviewees' responses occurred by bringing together these similar ideas, concepts, or themes that were discovered, or steps, or stages in the process (Rubin & Rubin, 1995). Finally, the data were organized in a way that helped formulate the themes, refine concepts, and link them together to create a clear description or explanation for supporting the resistance to change hypothesis (Rubin & Rubin, 1995). The goal was to make a comparison both within

categories and across categories. In following these steps the researcher was able to explain the research arena and how it fit together to support the research topic in a way that was easy for the reader to understand.

Phase 2: Focus Groups

Sample

A series of focus groups were conducted in an effort to supplement the data collected in the interviews. As with the interviews, the focus groups were designed to learn the participants' perceptions and reaction to introduction of the anthrax vaccination program. Specifically, groups consisting of eight to ten participants were invited to join each group. The participants were selected based on their prior association and knowledge of the AVIP. The age group and length of military service, among participants, varied. All participants must have been on active or inactive military duty and in some way associated with the anthrax initiative. A letter was drafted, inviting prospective focus group participants. This letter can be found in Appendix B. The focus group question script is found in Appendix C.

Procedures

Upon selecting the focus groups that participated in this study, times and locations for discussions were scheduled. At the beginning of each group session, each person was asked to answer a series of general questions. After answering the first series of questions, the group viewed the anthrax training video. Without consultation with one another, participants viewed the video and answered another series of open-ended questions that were designed to understand their thoughts based on the video's content (the video will be discussed in a subsequent section).

Open-ended questions

A series of open ended questions were asked so participants could provide their personal feelings (see Appendix C). These questions were designed to elicit participant's general feelings toward the implementation of the change, in order to evaluate their reactions in comparison to responses that were anticipated. The questions were presented in two parts. The first series of questions were general questions that related to each individuals age, gender, pay grade, military experience, time in service, deployment time, and personal reaction to the initial mandate to receive the anthrax vaccination. Following these questions, the group was asked to view the anthrax training video, which was approximately twenty three minutes in length. After having viewed the training video, the group was asked to provide short answers to a second series of questions. These questions were in direct response to each person's reaction to the video. The questions were designed to be thought-provoking relative to each person's feelings on the information presented in the video. Likewise, each person was asked to provide feedback in terms of what they felt may have been done differently that may have changed their beliefs.

Video description

The video entitled "Addressing a Grave and Dangerous Threat" which was approximately 23 minutes in length was developed to educate DoD personnel by providing expert testimony on the anthrax immunization vaccination program. The video was designed specifically as a training tool that would provide an overview of the AVIP and to answer questions that would dispel misconceptions or false information associated with the program. The video consisted of a panel of professionals, both military and

civilian, who address real life concerns of personnel who may be affected by the program. The video explained several medical aspects of receiving the vaccination which served to familiarize individuals with any possible side effects. The video also included a “commonly asked questions” segment, where actual service members present questions to the panel for specific answers. Also included in the video were personal testimonials of those who had actually taken the series of vaccinations. The video concluded by assuring personnel of the DoD’s full support of the program, as well as, the DoD’s confidence that there had not been any long term adverse side effects that have been discovered, to date, as linked to the anthrax vaccination immunization program. In essence, the video was designed to deliver all elements of the change message that had been recommended by others. Table 2 summarizes the recommended change messages and describes elements of the video that address that message.

Data Analysis

The analysis process began by examining the data which were written and extracting basic themes (Rubin & Rubin, 1995). Similar to the interviews, the data were analyzed by grouping question responses into categories. The goal was to find common themes that emerged from the answers to the focus group questions, bringing together similar ideas, concepts, or themes that were discovered, or steps, or stages in the process (Rubin & Rubin, 1995).

Conclusion

In conclusion, while it is clear that the U. S. government’s introduction of the AVIP was designed to be in the best interest of each service member, its implementation has

continued to be a leadership challenge. This research was an attempt to discover, through the process of focus groups and personal interviews,

Table 2: Anthrax Video Description

| Change Message | Definition | Source | Video Example |
|--------------------|--|------------------------------------|--|
| Discrepancy | The notion that there are legitimate reasons for the organization to make some change (i.e., need for change, in general) and differences exist between the current and ideal state in the organization. | Armenakis, Harris, & Feild (1999). | The threat of attack by the biological weapon, known as anthrax, is a grave and urgent danger to the safety of the nation. Quadrennial Defense Review reports that Iran and Iraq demonstrated the ability to use biological weapons as a defense during past conflict with the United States. |
| Appropriateness | The notion that specific strategy or change initiative that is being instituted will produce the desired results (i.e., the change will address the discrepancy). | Armenakis, et al., (1999) | The safety of the entire nation could be at risk, if left unprotected against the threat of the anthrax. Vaccines have been around for years. They are designed to protect against a variety of potentially deadly diseases. Historically, immunizations have done more to improve quality of life and reduce death than any other medical intervention. |
| Efficacy | The notion that organization and its members have the skills (or will be provided the skills through training) and are able to execute the tasks and activities associated with the specific strategy or change initiative. | Armenakis, et al., (1999) | Various levels of leadership are represented in discussions, supportive of the Anthrax Vaccine Immunization Program (AVIP). Additionally, numerous medical experts presented information regarding efficacy testing of the drug, reaffirming the safety of receiving the immunization. |
| Valance | The notion that the organization members will receive intrinsic or extrinsic benefits from the implementation of the specific strategy or change initiative. | Armenakis, et al., (1999) | Implementation of the Anthrax Vaccine Immunization Program (AVIP) is considered a force health protection measure. As reported by medical experts, receiving the series of anthrax immunizations is considered to be the only effective countermeasure, against the enemy threat of an anthrax attack. |
| Leadership Support | The notion that the change agent (i.e., organizational leadership) is committed the implementation of the new strategy and qualified to successfully develop or a specific strategy or change initiative and guide its implementation. | Armenakis, et al., (1999) | The AVIP directive is a Commanders program. All commanders are directed to provide in- depth informational training, as well as, extensive support, at all levels, to ensure that each organizational member is fully educated regarding the necessity of being immunized against the threat of an attack, by the biological agent known as anthrax. |

some of the underlying of anxieties experienced by service members, some of the causes associated with service member's resistance to accepting the programs implementation, and overcoming that resistance through exploring possible underlying issues, for ways by which the service member's anxieties may have been greatly reduced or completely eliminated. The results from these data will be discussed in the subsequent chapter.

CHAPTER III

Results

An exploratory study of the factors underlying service members attitudes toward the introduction of the AVIP was designed to investigate the proposition that it is believed that several factors accounted for a large majority of the variance in their attitudes, which could have been barriers to the programs adoption; hence, contributing to the program becoming stalled. The factors considered significant were: loss of trust and confidence in leadership; general skepticism toward the program; cynicism toward leadership as it relates to how the change was introduced; service members belief in the drug's safety; service members assessment of their degree of freedom to participate in the change process; the degree to which leadership developed and communicated a shared vision on the education and introduction of the AVIP; and their assessment of how leadership over looked their right to participate in the process. This chapter will contain findings that were gathered from both the focus group sessions, as well as, one-on-one personal interviews. For the purpose of demographics, participants were asked about their age, gender, educational level, hierarchical level, the organization they work for, and organizational tenure. Through the analysis of significant themes and events, this chapter will attempt to gain insight as to how participants received the information, their individual perceptions regarding the information, and the role leadership played in their acceptance or rejection of the information, with regard to the AVIP.

Phase 1: Interviews

First, a series of fifteen one-on-one personal interviews were conducted for the purpose of this research. Participants were asked to provide responses to a series of open-ended questions, which were recorded and transcribed for the purpose of analysis and maintaining accuracy of comments. The open ended questions probed areas such as: how would the participant best describe their thoughts and feeling regarding the AVIP; did the participants feel they completely understood the reasons for the program's implementation; how was the implementation of the AVIP communicated. Other interview questions included items such as, in what ways did the implementation of the AVIP directly affect the participant; did the participant feel they had any personal control over the program's implementation; what level of confidence is entrusted in the participant's decision-making ability, and how well did participant's feel the AVIP was received. And, a few of the remaining questions included were used as a cross-check on the validity of the focus group responses (i.e. how the change message was communicated, did participants feel leadership provided a sound explanation as to the necessity of the change, and did participants believe leadership created an atmosphere that helped foster the acceptance of the change). All questions were specific to the position that each person held.

The interview participants varied in age, gender, education level, occupational specialty, and tenure. There ages ranged between 29 and 52, with an average age of 38. Throughout the personal interview, sessions there were 11 males and 4 female participants. Participants reported that they had associates (n=4), bachelor (n = 3), masters (n = 7), and doctoral (n = 1) level degrees. Job descriptions and tenure varied, as

well. The sample included active duty military officers (n = 3), active duty military enlisted (n = 7), retired military officers (n=2), retired enlisted (n = 3); all of which had served between 12 and 35 years of civilian, military, or combined service, with an average time of 22.6 years of government service.

The most significant finding was noted when participants were asked to describe how they came to learn about the AVIP and what their feeling were regarding the mandated implementation of the program. Nine service members' responses were expressed as "immediately alarmed." Each of these participants primary concern was associated with having had to cooperate in a mandated program in the absence of any type of formal communication outlining the details of the program. That is, none of the participants noted having been given any type of training sessions regarding the necessity, the benefits or the adverse effects of receiving the vaccinations.

Seven other interviewees mentioned communication issues as a barrier to the AVIP. Communication issues include lack of communication on educational issues, lack of opportunity for two-way communication between leadership and subordinates, confusion of the lines of communication by those trying to communicate, lack of encouragement of AVIP issues and lack of coordination of efforts, in fostering acceptance of the AVIP.

The majority of the interviewees (n=11), said that they were ultimately willing to accept the AVIP initiative, solely based on their oath of duty to the armed forces, but hoped they had been better informed of the issues and offered more detailed information regarding the change. Finally, only two interviewees mentioned contemplating refusing to receive the vaccine. The first, an Air Force pilot (O-4), who believed that any residual

adverse reactions to the vaccine might affect his future, in commercial flying. The other a Marine (0-6), who later opted for retirement.

Hence, in recognizing the importance of established relationships and trust as being key factors in the exchange of information are advantageous in institutionalizing change. Planned, comprehensive formal communication with organizational members is a key component in the successful institutionalization of a change projects. The findings suggest the overall strategy for change failed because leaders neglected to deliver an appropriate change message, and forced a change on these personnel.

Phase 2: Focus Groups

Next, a series of six focus groups were conducted for purpose of this research. There were a total of 42 participants. Participants were asked to provide responses to a two part, open-ended questionnaire: pre-video and post-video. The pre-video open-ended questions probed areas such as: how service members first learned of the AVIP; what was their initial reaction and concerns; what was their perception of leadership's ability to delivery the appropriate change message to encourage adoption; and what their feelings about the program now were. After the training video, the questions were designed to better understand the participants' thoughts and reactions. To do this, questions dealt with the information provided in the video. Finally, participants were asked to share what could have been done differently to foster acceptance of the AVIP and whether they felt other factors may improve the successful adoption of the AVIP.

The focus group participants varied in age, gender, education level, occupational specialty, and tenure. There ages ranged between 26 and 49, with an average age of 36. Throughout the focus group sessions there were 37 male and five female participants.

Participants reported that they had associates (n = 1), bachelor (n = 31), masters (n = 8), and doctoral (n = 1) level degrees. Job descriptions and tenure varied, as well. The sample included professors (n = 2), active duty military officers (n = 35), active duty military enlisted (n = 3), retired military enlisted (n = 2); all of which had served between four and 24 years of civilian, military, or combined service, with an average time of 13.8 years of government service.

Reactions at Onset

First, the questionnaire asked participants to explain how they received the information, about the program. Although, there seemed to be some disparity in the ways that the initial message was delivered, two major areas of information dissemination were noted; informal and formal. A summary of the responses provided are summarized in Table 3. Formal communications were those that were disseminated through a source of authority representing the organization, either via verbal or written communication. The most frequently cited formal source came from medical professionals (i.e., ten of the participants reported this). Interestingly, this source exceeded presentations from formal leaders where only five persons indicated that they had received a presentation from an organizational leader. Informal information was that information which was obtained from those that did not represent the organization or the leadership introducing the change. These included thing like word of mouth, rumors or scuttlebutt, and new paper articles. Comparing formal to informal the participants reported far more informal suggesting that the leadership did not communicate as recommended by the change theorists.

Interestingly, less than half the participants received information concerning the AVIP via a formal source such as medical personnel (n=13) or leadership (n=5), a startling number noted their primary source for receiving information was informal. Participants noted informal sources such as word of mouth (n=19), scuttlebutt (n=4), and television (n=6).

Table 3: Sources of Information Regarding Change

| <i>Communication Methods</i> | <i>Definition</i> | <i>Open-ended Questionnaire Responses</i> | <i>Frequency of Comment</i> |
|------------------------------|--|---|-----------------------------|
| Formal | Information that comes from an authority that represented the organization and the leadership that was introducing the change. These sources can be verbal or written. | Secretary of Defense News Report | 1 |
| | | Leadership/Chain of Command Briefings | 5 |
| | | AF ROTC Training | 1 |
| | | AF Memos | 1 |
| | | AF Website | 1 |
| | | Annual Awareness Training | 2 |
| | | Out-processing Checklist | 1 |
| | | Formations | 1 |
| | | Medical Briefings | 10 |
| Informal | Information that comes from a source outside of the organization's channels and was provided by those that did not represent the leaders introducing the change. These sources can be verbal or written. | Word of Mouth | 13 |
| | | Scuttlebutt | 4 |
| | | Informational Discussions | 1 |
| | | Co-worker Discussions | 1 |
| | | AF News Releases (?) | 2 |
| | | Television News Reports | 6 |

Reactions at Stall

Following the pre-video portion of the questionnaire, participants were then asked to view a training video, which was specifically designed to send the appropriate change message and prepare individuals for the AVIP. Consistent with expectation, lack of active participation or involvement of individuals had a significant influence on

participant's commitment to the AVIP. In addition, lack of active participation was noted as a linking factor between the process by which the program was originally introduced, minimal open communication between top leadership and subordinates, and the subsequent resistant results experienced by participants who opposed the program. Hence, as stated by Armenakis, et al. (1990), it is crucial that the change message contain certain components in order for it to successfully convey a credible purpose for the desired change. These components are: discrepancy, appropriateness, self-efficacy, principal support, and personal valence (Definitions for each are noted in Table 2). Interestingly, while the majority (n=35) of participants described the video as containing generally "good" information. Of the entire group (n=42), (n=28) of the participants used words such as "propaganda", "hype", "bogus", "suspicious", "biased", "useless", "rehearsed", "scripted", and "sales pitch" when specifically asked to describe what they thought about the information provided in the video. The remainder of the group used words such as "informative", "good information", "semi-helpful", "somewhat convincing", "a bit helpful", "fairly good, and "of value" when specifically asked to describe what they thought about the information provided in the video. It appears that while many of the participants believed the video was somewhat informative, when asked to describe some specific reaction to the video, participant's indicated reluctance and skepticism regarding the sincerity and credibility of the message delivered through the video. Participants noted a number of issues that concerned them that were not addressed either through the video or from leadership throughout the AVIP implementation. For example, participants revealed a great deal of concern as to the safety of the vaccine, whether or not there was a sufficient supply of the vaccine, the

short and long term effects being administered the vaccine, and the validity of the information disseminated concerning the vaccine. The primary concern noted was participant's ambivalence regarding the vaccine's. Although, when asked the direct question as to whether they believed the vaccine was safe or not, (n=31) responded affirmatively, (n=11) responded negatively. However, of the entire group (n=42), when responding to the series of open-ended questions (n=35) noted concerns for various undetermined health risk and safety issues. All female participants (n=5) expressed a grave concern for the unknown health risk associated with future conception and pregnancy. Each of these responses correlate very closely with participant's skepticism regarding the credibility of leadership's delivery of the change message, after the AVIP was already in progress; could leadership's word be trusted with regard to delivering a believable message of safety, within this change message.

Many scholars (Gagne' et al., 2000; Isabella, 1990; Stanisla0 & Stanisloa, 1983; Huy, 1999) have stressed that organizational behavior and change are strongly influenced by emotions. Emotion is inseparable from the cognitive process, playing a central role in perception, decision and behavior (Damasio, 1994). This is definitely the case when the individual's well-being is at stake (Lazarus, 1991). In change processes, people ask themselves whether the new situation is a threat or a benefit to their personal well-being. If change recipients evaluate the potential consequences as harmful, they are likely to be non-receptive to change, but if they see it as being beneficial they will be better attuned (Huy, 1999). Hence, a very fundamental question is raised: In the midst of trust having already been compromised how leadership can now expect for personnel to accept the video as a genuine source of information, as a median to convey the positive message that

the AVIP was created and implemented in the best interest of service members. Hence, a very fundamental question is raised: In the midst of trust, having already been compromised how leadership can now expect for personnel to accept the video as a genuine source of information, as a way to convey the positive message that the AVIP was created and implemented in the best interest of service members.

Although, there were a number of negative reactions to the video, participants also noted several positive aspects of the video. Some of the participants positive reactions were: leadership's continual effort to emphasize the vaccine's safety; leadership's continued re-iteration as to their genuine concern for troop welfare; individual testimonials which offered re-assurance and answered frequently asked questions; and they believed the video provided good information regarding some of the known risks and side effects of the vaccine. Table 4 captures a list of the both participant's positive and negative reactions to the training video "Addressing a Grave and Dangerous Threat."

Table 4: Reaction to Video

| | |
|----------|--|
| Positive | Leadership continually emphasized the vaccine's safety, throughout the message. |
| | Message was delivered through multi-service testimonials. |
| | Message was delivered in a formal manner of communication, through the use of video. |
| | Leadership established a clear need for the vaccine. |
| | Leadership provided good information during the frequently asked questions portion of the video. |
| | Leadership emphasized the primary purpose of the program was to protect service members against the threat of anthrax. |
| | The video attempted to address some of the basic questions concerning the AVIP. |
| | Provided good information regarding risks and side-effects. |
| Negative | The message was not delivered prior to the introduction of the AVIP. |
| | Primary message delivery agents were predominantly army field grade officers. |
| | The manner of delivery was not very compelling, very dry presentation of material. |
| | FDA approval mentioned only once. |
| | Though a great need for the vaccine was emphasized, there was no mention of supply level. |
| | Video creates an atmosphere of skepticisms, in that it suggests the drug continues to be studied for efficacy. |
| | Testimonials sounded rehearsed. |
| | No actual statistical data was ever provided. |
| | No representative for reflecting an opposing opinion. |
| | No mention of long term effects associated with the vaccine. |

CHAPTER IV

Discussion

This study was designed to examine the processes that leaders can use to introduce change, provide an increased understanding of organizations resistance to change, and provide guidance for organizations to improve strategies that can facilitate the adoption of future change initiatives. The case studied to fulfill these objectives made this study unique in that a change where the appropriate strategies to implement change were not used as the change was introduced was studied. The leaders of the organization implementing the change, instead, attempted to introduce the change without regard to the recommendations that have been made to effectively introduce change, resistance was encountered, and the effort stalled. Leadership, however, needed to overcome the resistance and implement the change despite the resistance. The case under study is the Anthrax Vaccine Immunization Program (AVIP).

Results from one-on-one interviews and focus groups indicated that two process variables played a vital role in the organizational members' reactions to the change, the AVIP. These were: the members' ability to participate in the change project and their desire for active communication between leadership and subordinates. Participants indicated that they wanted to be informed about the program and be involved in the program's development if they were to see it as something positive. These findings were consistent with the literature that suggests that lack of participation is a major cause of disappointing results with organizational renewal (McNabb & Sepic, 1995). Reichers et

al. (1997) echoed this idea and indicated employees must believe that their opinions have been heard and given careful respect and consideration.

The participants also indicated that there was a need for more active communication between the leadership and those at lower levels. Kotter (1995) has stressed the importance of credible and timely information to capture the hearts and minds of employees. Organizational leaders should minimize the employees' use of the grapevine for information by sharing openly with the participants (Reichers et al., 1997). Without proper information, organizational members can hardly be involved in the change effort. In this case, participants indicated that most of the information they received about the change came from informal sources.

While participation and communication were not used early in the introduction of the AVIP, the leadership did attempt to openly communicate the appropriate change message when the effort stalled. The change message was delivered through a 23 minute video that provided an overview of the program, addressed questions, and introduced professionals who supported the program. In essence, the video delivered all the elements of the change message (i.e., discrepancy, appropriateness, valence, efficacy, and leadership support) that had been recommended by others (e.g., Armenakis et al., 1999). Results of the one-on-one interviews and focus groups, however, indicated that this message was not effective when it was delivered when the change stalled. At this point in time, participants indicated that they did not trust the message that was being delivered. Participants did not believe that the change was in their best interest and would not yield a positive end state.

The literature has suggested a strong relation between trust in senior management and employee attitudes to change. Trust has been defined as a “willingness to engage in risk-taking with a focal party” (Mayer & Davis, 1999, p. 124). Rousseau, et al. (1998) defined trust as “a psychological state comprising the intention to accept vulnerability based on the positive expectations of the intentions or behavior of another” (p. 395). McAllister (1995) defined trust as “the extent to which a person is confident in and willing to act on the basis of, the words, action, and decisions of another” (p. 25). A number of elements are common to these definitions. First trust is a psychological state represented by a ‘willingness’ to behave or act. Second, vulnerability, uncertainty and risk are important components of trust. Third, trust emerges from ‘conditions’ such as ‘positive expectations’ or performance of particular actions. The ‘conditions’ that enable trust, as distinct from trust itself, defined as trustworthiness.

In sum, trust is considered a psychological state defined in terms of a willingness to act in the face of uncertainty, trustworthiness refers to a set of attributions or beliefs about the motives, intentions, qualities or ‘trustworthiness’ of some influential other. For example, Rousseau and Tijoriwala (1999) argued from a social accounts perspective (Sitkin & Bies, 1993), suggests that trust in management leads to acceptance of organizational change. Their findings further posit that “high trust creates a broad zone of acceptance to the exigencies of complex organizational change” (p. 525). Similarly, Kramer (1996) argued that management credibility, based on a history of good faith relations, facilitates positive employee responses to change. Kanter and Mirvis (1989) also suggested a link between trust in management and attitudes to change. They argued that cynicism follows when employees lack trust in the motives of senior management.

On the basis of these findings trust is positioned as a central factor in the way that employees experience aspects of organizational change.

This is confirmed by Kim and Marborgne (2003) who found a positive relation between participation, communication and trust, as affecting positive views of organizational change. Hence, mutual trust and the possibility to participate in the decision process are central in the development of a change-friendly climate. Conger (1998) has found that managers, who are considered to be trustworthy and fair, establish credibility. This credibility is a prerequisite to introduce organizational changes. The extent to which the top management's decision process is judged to be fair, can be defined as procedural justice (Kim & Mauborgne, 1993). This concept refers to the two-way communication, the consistency of decisions across subsidiary units, the transparency of the decisions and the possibility to challenge top management views.

Implications

In sum, leaders who are attempting to implement a change initiative should note that while the strategies for introducing a change are probably the same, the change message may have to be re-delivered, in a case where, trust has been compromised and the change has become stalled. Hence, a new change message designed to re-establish trust and express leaderships' acceptance of responsibility for previously having acted negligently, becomes a significant factor in conveying a new message with the hope of resurrecting a change project that has stalled.

Limitations

The method of focus interviews is a challenge for the researcher and in particular sessions where a single, dominant participant takes over can produce abnormal results (Rubin & Rubin, 1995)). The researcher will need to do some training in this method. Open-ended questions on the individual interviews may elicit either too much information or not enough information to create a good picture and will need to be carefully constructed.

The method of focus groups can also be a challenge for the researcher. In the case of conducting focus groups there may be too much information communicated, making responses difficult to sort through, in order to uncover key information.

Finally, this study was limited to having studied only one specific stalled change case. Hence, observations of specific organizational changes are not always relevant to all organizational transformations. There are other organizations and other cases, within the military and civilian community that may have experienced a similar problem, which could lend to the finding of this research.

Future Research Opportunities

There are several plausible extensions to this research. The results of this study indicated that change process factors have a major impact on the commitment to change of personnel. Important insights into the sense-making process of mandated change was one result of the study. That is, were individuals able to deduce from the information they received, whether or not the benefits outweighed the perceived adversity associated with the AVIP. Other results included uncovering practical implications for key organizational members to consider during the planning and implementation of change

initiatives, and the finding that change training for these key players, who hold leadership roles, should be developed. Future research should further focus on the impact of restructuring the change message, when a change project stalls, so that change processes can be approached in a more thoughtful, rational, deliberate and value-added manner.

Summary

Overall, change is complicated. Armenakis and Bedeian (1999) suggested that that process variables, as well as, contextual variables influence emotional involvement and commitment to organizational change. There seems to be considerable agreement in that are certain steps that should be taken throughout the change process and the overall success of the change process could be jeopardized if any of these steps are omitted. The AVIP change reinforced these ideas. The leadership neglected to involve organizational members' in the process, failed to clearly communicate the need for the project at the onset. When they tried to correct this mistake as resistance was encountered, another problem arose—the message was not trusted. This suggests that leaders must alter the change message as they attempt to resurrect a stalled effort. They must deliver a “new” change message designed to bolster trust. They can do this by admitting to having erred in neglecting certain steps that may have been critical factors in the change projects acceptance.

Appendix A – PERSONAL INTERVIEW TRANSCRIPT

Good Morning,

My name is MSgt Irene Johnson. I am currently doing my Masters studies at the Air Force Institute of Technology majoring in Information Resource Management. I'm currently conducting interviews to better understand the way the DOD introduced the Anthrax Vaccination Immunization Program.

The main purpose of my research is to explore “How the implementation of change, in the absence of preparedness, can affect an organization. My specific study will cover how the implementation of the anthrax immunization program impacted members of the armed forces.” I intend to conduct at least 20 personal interviews with both current active duty service members, as well as, members that have been separated, in an effort to gain further insight on how change affected each person personally.

To make sure I do not miss any of your thoughts, I would like to tape our conversation. I assure you, the taping will be strictly for my personal use, for the purpose of transcribing and analyzing the data provided in all the interviews I conduct. No one outside of the research team will listen to the tape or read the transcript that includes any identifiable information.

The interviews that I conduct will be completely confidential. Each individual's identity will remain completely anonymous. If there is information, from any parts of our conversation that I include directly into my research report, all identifying information like names and organizational names will be removed so that your identity is masked.

I am very interested in your opinion of how you felt about the immunization program, the way it was introduced and how it may have impacted your life, both personally and professionally. Your perspective and your experience with the program will provide me with essential information to further my research.

Are there any questions before we get started?

Let's begin: (Start interview session now)- See attached table for interview questions.

Interview Complete.

Summarize.

Clarify key points.

This interview has been extremely helpful and informative to me. I have learned a great deal about the how this change affected you personally and how the anthrax program impacted the armed services, as a whole.

Thank you for your time and have a great day.

Appendix B: FOCUS GROUP INVITATION

Date

To: AFIT EN-05

From: MSgt Irene C. Johnson

Re: A study on the introduction of the anthrax vaccination immunization program in the DoD

Ladies and Gentlemen,

I would first like to take the opportunity to welcome each of you to AFIT.

While I understand each of your schedules is becoming more intense as the days pass, I would like to ask for a bit of your time in assisting me with my research. It is my hope that over the next few weeks, you can participate in a focus group that will be instrumental in my thesis project.

The group meetings will take about an hour and are designed to explore your reactions and feelings toward the anthrax immunization program.

If you are willing to take a little time to help me, please send me your name. Then, I will be in touch with a time and a place for the focus group. If you have any questions that I might be able to answer, please do not hesitate to contact me or my thesis advisor, Maj. Danny Holt.

Respectfully,

Irene C. Johnson
MSgt USMC

Appendix C: FOCUS GROUP SCRIPT

INTRODUCTION

These focus groups are designed for you to give me frank and candid information with regards to your personal experience and feelings with the anthrax vaccine immunization program. Thus, as a researcher, I am simply trying to learn about this program.

CONFIDENTIALITY

The information I collect through this focus group will be a part of my thesis that helps fulfill the requirements for my Master's degree studies, while at AFIT. Any information you share will be combined with that of others and reported in aggregate. Therefore, anything that I collect through this session is **confidential**. At no time will anyone other than me and my thesis advisor have access to any identifiable information. Any quotations that are used in my final paper will be altered in a way to ensure anonymity.

Still, in order to make my job a little easier and to capture every thing you say, I would like to ask your permission to review the content of your questionnaire. If you are interested, I would be glad to forward a copy of your questionnaire to you after the data has been compiled.

SESSION FORMAT

I have to apologize in advance for having to watch the clock during this session and perhaps trying to push you ahead but I do not want this to take more than an hour.

We are going to begin with a few questions regarding your background and some open-ended questions. I would still like to stress that this group is largely unstructured. So, if there is any additional information you would like to add, please do so, on the last page of your questionnaire. Are there any questions before we begin?

Focus Group
Pre-video Items

This portion of the session is designed to gather information regarding your personal characteristics and your thoughts about the Anthrax Vaccine Immunization Program.

1. Describe your primary career field or profession (e.g., programmer, personnel specialist, pilot, engineer, etc.)?

2. How long have you been in the service? _____ years _____ months

3. Please indicate the highest level of education that you have attained.

High School Diploma

Associate's degree

Bachelor's degree

Master's degree

Doctorate degree

Other (please specify) _____

4. What is your age? _____ years

5. What is your gender?

Male

Female

6. Which of the following describes you best: Check all that apply.

- ☐ **I have taken the entire regimen of shots.**
- ☐ **I began the regimen of shots but they were interrupted—how many shots did you take? _____**
- ☐ **I have never taken the anthrax vaccination.**
- ☐ **I refused to take the anthrax vaccination.**
- ☐ **I was provided awareness training regarding the vaccination.**
- ☐ **I was never provided with any type of awareness training regarding the vaccination.**

7. Which of the following describes you best:

- ☐ **I believed that the vaccination was safe to receive.**

☐ **I did not believe the vaccination was safe to receive.**

Think back to when you first heard about the Anthrax Vaccine Immunization program. While keeping these thoughts in mind, consider the following questions

Focusing on the early stages of the program, as it was being initiated and first implemented, consider the following questions:

1. How did you hear about the Anthrax Vaccine Immunization Program (AVIP)?
2. What did you think at the time when you first heard of the program? Why did you have these thoughts?
3. What concerned you at the time?
4. What questions did you have or ask at that time? Do you think your concerns were taken into consideration?
5. Did the response to your concerns play a factor in your either receiving or refusing the vaccine?
6. How do you feel about the vaccine program now?

Focus Group
Video Items

1. What do you think about the information provided in the video? Why do you feel this way?

2. What are some of the **POSITIVE** things about the video?

3. What are some of the **NEGATIVE** things or aspects of the video?

4. Given what you have seen in the video, what could commanders/leadership have done differently, in order for you to accept the vaccine program?

5. Looking back on all of your comments, is there anything else that you would like to add?

6. Was there anything that we did not address that seemed relevant?

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| 14. ABSTRACT The goal of this research was to investigate the impact of change on organizations, in the absence of a preparedness program and to develop strategies for overcoming resistance to change, in the midst of a proposed initiative that has become stalled as a result of mistrust and cynicism. The results of this research suggests a framework of management techniques that will offer leadership approaches to resurrecting a stalled change initiative and overcoming personnel's resistance to a proposed change project, in order for the project to be more widely accepted. A series of personal interviews and focus groups, a qualitative method approach, was used to gather information, gain insight, develop possible strategies, and suggest a framework for moving forward with a proposed change initiative in the midst of resistance. Data was primarily collected from mid-level to senior leadership. In addition, an extensive literature review was conducted to gain insight about known prescriptive methods, previously suggested strategies, and other published similarities and differences in the areas Change Management, Organizational Change, Resistance to Change, Overcoming Resistance to Change, and Organizational Development. It is hoped that the Armed Forces and the Department of Defense will benefit from future development of these proposed change management strategies. | | | | | |
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